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NO. 6911 P. 2/3

## PART B - FEE(S) TRANSMITTAL

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26633 7590 10/20/2004

**HELLER EHRMAN WHITE & MCAULIFFE LLP**  
1666 K STREET,NW  
SUITE 300  
WASHINGTON, DC 20006

01/06/2005 MBEYENE2 00000154 021440 10639449

01 FC:1501 1400.00 DA  
02 FC:1504 300.00 DA

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/639,449	08/13/2003	Noel Barrett	37974-0197	6885

TITLE OF INVENTION: INACTIVATED INFLUENZA VIRUS VACCINE FOR NASAL OR ORAL APPLICATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	<del>\$300</del> \$1400	\$300	<del>\$600</del> \$1700	01/21/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
STUCKER, JEFFREY J	1648	435-235100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Heller Ehrman White &amp; McAuliffe LLP

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## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Baxter Healthcare S.A.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Zurich, Switzerland

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☐ Publication Fee (No small entity discount permitted)  
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- ☐ A check in the amount of the fee(s) is enclosed.  
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☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment to Deposit Account Number 02-1440 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.  
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date

1-5-05

Typed or printed name

Patrick S. Eagleman

Registration No.

44,665

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**To:** Mail Stop Issue Fee  
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**Phone:**  
**Fax:** (703) 746-4000

**From:** Debbie Johnson  
Legal Assistant

**Company:** Baxter Healthcare Corp.  
P. O. Box 15210  
Irvine, CA 92623-5210  
**Phone:** (949) 474-6430  
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**Date:** January 5, 2005

**Pages including this cover page:** 3

**Re:** Form PTOL-85, Part B – Fee Transmittal (in duplicate) for  
U.S. Serial No. 10/639,449 filed 08/13/2003  
Baxter Docket No. 37974-0197

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By   
Debbie Johnson

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